

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Flowers Foods Inc.,  
c/o Corporation Service  
Company  
40 Technology Pkwy, South  
#300  
Norcross, GA 30092

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

7-26-07

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

2: 0726-69687

3. Service Type

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☒ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

16 2760 0001 7561 2062

102595-02-M-1540